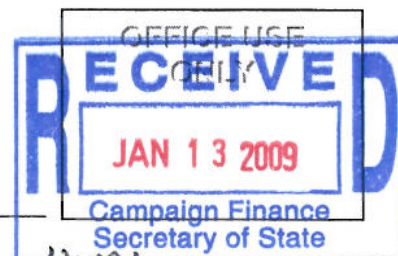


CANDIDATE REPORT OF 2008  
RECEIPTS AND DISBURSEMENTS



Name of Candidate CECIL BROWN  
Address PO BOX 55512 JACKSON, MS 39296 County Harris  
Telephone (Work) 601 709 4292 (Home) 601 3628382 (Fax) 601 366 0013  
Contact Name \_\_\_\_\_ Email Address cecil@medleybrown.com  
Office Sought HOUSE OF REPRESENTATIVES DISTRICT 66 Political Party DEMOCRATIC

☐ Check here if above is different from previous report

TYPE OF REPORT

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

- \_\_\_\_ October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008).....Mandatory  
\_\_\_\_ November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008).....Runoff Candidates  
☒ January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008).....Mandatory  
\_\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations

IMPORTANT

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.  
(2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).  
(3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.  
(4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions \$	3250.00 + \$ 100.00	\$ 3350.00	\$ 3950.00
Total amount of disbursements \$	2319.00 + \$	\$	\$ 2319.00
Total amount of cash on hand \$		3642.69	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

(Signature of Candidate)

(Date)

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

- SEND TO:
1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
  2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

RECEIVED  
JAN 13 2009

Secretary of State  
Capitol Office

Name of Candidate or Committee CECIL BROWN  
 Reporting period 11/108 through 12/12/08

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>A &amp; A OF THPELO, INC</u>	<u>12/11/08</u>	\$ <u>500.00</u>
Mailing Address <u>120 E FRANKLIN ST</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>THPELO, MS 38804</u>	<u>1/1/</u>	\$
Name of Employer (Required)	<u>1/1/</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>BAKER DONALD PAC</u>	<u>12/17/08</u>	\$ <u>500.00</u>
Mailing Address <u>PO BOX 14167</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>JACKSON, MS 39226</u>	<u>1/1/</u>	\$
Name of Employer (Required)	<u>1/1/</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CITIZEN INTO CASH INC</u>	<u>9/25/08</u>	\$ <u>250.00</u>
Mailing Address <u>PO BOX 550</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>CLEVELAND, TN 37364</u>	<u>1/1/</u>	\$
Name of Employer (Required)	<u>1/1/</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>ASSN</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS ASSN FOR HOME CARE</u>	<u>11/19/08</u>	\$ <u>500.00</u>
Mailing Address <u>PO BOX 1468</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>BIDGELAND, MS 39158</u>	<u>1/1/</u>	\$
Name of Employer (Required)	<u>1/1/</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>



Name of Candidate or Committee CECIL BROWNReporting period 1/1/08 through 12/31/08

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>ALLN</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ENTERTAINMENT SOFTWARE ALLN</u>		<u>8/21/08</u>	\$ <u>500.00</u>
Mailing Address <u>575 7TH ST NW</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>WASHINGTON, DC 20004</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ADITENSEN-BUSCH, INC.</u>		<u>9/12/08</u>	\$ <u>500.00</u>
Mailing Address <u>106 EAST COLLIER ST STE 700</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>TALLAHASSEE FL 32301</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>PFIZER, INC.</u>		<u>7/1/08</u>	\$ <u>500.00</u>
Mailing Address <u>2250 KEMPER BLVD #250</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>SAN RAFAEL, CA 94901</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS DIGITAL PAC</u>		<u>9/13/08</u>	\$ <u>300.00</u>
Mailing Address <u>2630 RIDGEWOOD RD. STE C</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>JACKSON MS 39216</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>300.00</u>

Name of Candidate or Committee CECIL BROWNReporting period 1/1/08 through 12/31/08

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CHEVRON CORPORATION</u>		<u>7/3/08</u>	\$ <u>200.00</u>
Mailing Address <u>PO BOX 9034</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>CONCORD, CA 94524</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>200.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>   </u> / <u>   </u> / <u>   </u>	\$
Mailing Address		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>   </u> / <u>   </u> / <u>   </u>	\$
Mailing Address		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>   </u> / <u>   </u> / <u>   </u>	\$
Mailing Address		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$



Name of Candidate or Committee CECIL BROWN  
Reporting period 1/1/08 through 12/31/08

# ITEMIZED DISBURSEMENTS

A. Full name <u>CLARIN LEEGER</u>		Date (Mo., Day, Year) <u>1/10/08</u>	Amount of each disbursement this period \$ <u>380.87</u>
Mailing Address <u>PO BOX 40</u>			
City, State, Zip Code <u>JACKSON, MS 39205</u>		<u>2/22/08</u>	\$ <u>1230.49</u>
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>1611.36</u>
B. Full name <u>POSTMASTER</u>		Date (Mo., Day, Year) <u>12/11/08</u>	Amount of each disbursement this period \$ <u>70.00</u>
Mailing Address			
City, State, Zip Code <u>JACKSON, MS</u>		<u>1/1/09</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>70.00</u>
C. Full name <u>PROMVENT TECHNOLOGIES</u>		Date (Mo., Day, Year) <u>12/24/08</u>	Amount of each disbursement this period \$ <u>422.65</u>
Mailing Address <u>PO BOX 5089</u>			
City, State, Zip Code <u>JACKSON, MS 39246</u>		<u>1/1/09</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>422.65</u>
D. Full name <u>REGIONAL BANK</u>		Date (Mo., Day, Year) <u>1/1/09</u>	Amount of each disbursement this period \$ <u>215.00</u>
Mailing Address <u>1240 E COUNTY LINE RD.</u>			
City, State, Zip Code <u>RIDGELAND, MS 39157</u>		<u>1/1/09</u>	\$
Purpose of Disbursement (Optional) <u>BANK FEES</u>		Aggregate Year-to-date	\$ <u>215.00</u>
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			\$
City, State, Zip Code			\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			\$
City, State, Zip Code			\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$